

**BEST AVAILABLE COPY**

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.	493188
APPLICANT(S)	

FILING DATE  
1-28-00

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	INO.	DEP.	INO.	DEP.	INO.	DEP.
1	1					
2		1				
3	1					
4		1				
6	1					
6		1				
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48						
49						
60						
TOTAL INO.	3					
TOTAL DEP.	3					
TOTAL	6					

	INO.	DEF.	INO.	DEF.	INO.	DEF.
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TOTAL INO.						
TOTAL DEF.						
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